

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)		09/445423	
CLAIMS								* IND.		* IND.	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
8								58			
9								59			
10								60			
11								61			
12								62			
13								63			
14								64			
15								65			
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38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	2		2		2			TOTAL IND.			
TOTAL DEP.	10		10		11			TOTAL DEP.			
TOTAL CLAIMS	12		12		3			TOTAL CLAIMS			